

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Bona/Tray</i>		<i>04.12.01</i>
O.I.P.E. CLASSIFIER	<i>MM</i>	<i>920</i>	<i>5-4-01</i>
FORMALITY REVIEW			<i>08-30-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	04	04
2	✓	19	04
3	✓	06	02
4	✓	04	02
5	✓	04	02
6	✓	04	02
7	✓	04	02
8	✓	04	02
9	✓	04	02
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45	✓	04	02
46	✓	04	02
47	✓	04	02
48	✓	04	02
49	✓	04	02
50	✓	04	02

Claim	Final	Original	Date
51	✓	04	04
52	✓	19	04
53	✓	06	02
54	✓	04	02
55	✓	04	02
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58	✓	04	02
59	✓	04	02
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97	✓	04	02
98	✓	04	02
99	✓	04	02
100	✓	04	02

Claim	Final	Original	Date
101	✓	04	04
102	✓	19	04
103	✓	06	02
104	✓	04	02
105	✓	04	02
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108	✓	04	02
109	✓	04	02
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139	✓	04	02
140	✓	04	02
141	✓	04	02
142	✓	04	02
143	✓	04	02
144	✓	04	02
145	✓	04	02
146	✓	04	02
147	✓	04	02
148	✓	04	02
149	✓	04	02
150	✓	04	02

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If more than 150 claims or 10 actions
staple additional sheet here